

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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1. Agency Name <u>Office of Councilmember Paul Pevaldez</u>		Date Stamp <u>2015 NOV 19 PM 4:00</u>	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (If Applicable) <u>District 3</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>			
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 50.00

Event Description BarraCUDA V. Texas Stars
Provide Title/Explanation

Date(s) 11, 29, 15

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: _____
Official's Name (Last, First)

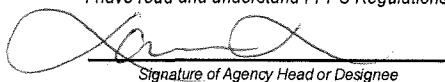
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Plata Arroyo</u>		<u>Recognition</u>
<u>Neighborhood Association</u>	<u>24</u>	

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Paul Pevaldez Councilmember 11-19-15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____